

4/7/02

FILED
May 29, 2002 8:00 am
Secretary of State

04-07-2002 90068 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53208

1. Entity Name

**INTERNATIONAL FOOD SERVICE EQUIPMENT
DISTRIBUTORS**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE # 1100

Suite, Apt. #, etc.

SUITE # 1100

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

59-2255194

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NAGIN, STEPHEN E.

Street Address (P.O. Box Number is Not Acceptable)

3110 S.E. FINANCIAL CENTER

City

MIAMI

FL

Zip Code

33131-9388

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and file # applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SIMON, WALTER L. 7300 N.W. 77 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANTON, ROBERT LOT S- 2ND AVENUE COLUMBIA, SC 29290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAN, NORMAN EDDIE DOWLING, RTE 146A N. SMITHFIELD, RT 02895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TB SINGER, HENRY 3030 KUTZTOWN ROAD READING, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, DENNIS 1222 OZARK N. KANSAS CITY, MO 64116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02
Date

305-885-8657
Daytime Phone

CR2E034B (12/01)